

**Government of the District of Columbia  
Department of Health  
Health Professional Licensing Administration**



**BOARD OF PHYSICAL THERAPY**

**Request for Verification of State Licensure**

Name of Applicant \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
License Number \_\_\_\_\_

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Physical Therapy of the District of Columbia for a license to practice physical therapy. The applicant claims to be currently licensed to practice physical therapy in your state and claims the above license number. This request is being forwarded to you to verify that the applicant is currently licensed and is in good standing to practice physical therapy in your state.

Please complete and return this form to:

Department of Health  
Health Professional Licensing Administration  
DC Board of Physical Therapy  
825 N. Capitol Street, NE  
Suite 2224  
Washington, DC 20002

Your prompt attention to this request will expedite consideration of the candidate's application for licensure. Thank you in advance for your cooperation.

District of Columbia Board of Physical Therapy

## Verification of State Licensure in Physical Therapy

This document certifies that \_\_\_\_\_ (name of applicant) is the holder of a license in good standing to practice physical therapy in the state of \_\_\_\_\_.

License Number \_\_\_\_\_ was issued on \_\_\_\_\_ (date of issuance).

Is the license current? ☐ Yes ☐ No

Please provide the expiration date: \_\_\_\_\_

Issue basis: ☐ Examination ☐ Endorsement ☐ Reciprocity ☐ Waiver

Applicant was examined after submitting a diploma conferring the degree of \_\_\_\_\_ (type of degree) from \_\_\_\_\_ (name of education institution).

Has license ever been surrendered, suspended, or revoked? ☐ Yes ☐ No

If yes, has it been reinstated? ☐ Yes ☐ No (Please give full particulars on the reverse side of this form.)

Has applicant taken and passed the national examination in Physical Therapy? ☐ Yes ☐ No If yes, what year? \_\_\_\_\_

Does your state grant licenses in physical therapy to licensees from the District of Columbia without further examination? ☐ Yes ☐ No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On behalf of the State of \_\_\_\_\_ Board of Physical Therapy, I certify that the above statements are correct.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Official (please print or type)

(SEAL)